

**CARDIOVASCULAR HEALTH NETWORK
MOUSE OR RAT CARDIOVASCULAR PHENOTYPING**

REQUEST FOR SERVICES: WORKING HEART or DE LANGENDORFF
Only available for the mice

For more information contact:

Marc-Antoine Gillis (ICM) at 514 376 3330 ext. 2022 or marc-antoine.gillis@icm-mhi.org

Return completed form in pdf to Cécile Nagy : cecile.nagy@icm-mhi.org

A. General Information (Please print clearly):

Principal Investigator: _____ Date of request: _____

Department: _____ Institution: _____

Address: _____

Phone : _____ Fax : _____ E-mail : _____

Contact Person, Phone and Cellular: _____

Associate Researcher: _____ IRCM ICM Other

1. Specific cardiac physiologic question to be addressed: This must be completed before request will be considered.

2. Mouse Strain/Mutation/Transgenic to be studied: _____

3. Number of Mice: _____

4. Animal Studies Committee Approval Number: _____

5. Animal Studies Committee Approval Date: _____

B. Services:

Check Services Requested

Langendorff :

Measurement of the coronary flow and the aortic pressure.

Number:

Working heart 1:

Measurement of the aortic, atrial and intra-ventricular pressures. Measurement of the inflow, outflow and coronary flow.

Number:

Working heart 2:

Measurement of the aortic, atrial and intra-ventricular pressures. Measurement of the inflow, outflow and coronary flow.

Injection of pharmacological agents or modifications of the flow or pressure conventional parameters.

Number :

Working heart 3:

Measurement of the aortic, atrial and intra-ventricular pressures. Measurement of the inflow, outflow and coronary flow.

Injection of pharmacological agents or modifications of the flow or pressure conventional parameters.

Addition of the ECG with possibility of required segments analysis.

Number:

C. Charges

To be discussed with Marc-Antoine Gillis because the prices may fluctuate according to the particularities of every study.

I understand the terms and fees for the services and I agree to pay the invoices from the Phenotyping Service of the Cardiovascular Health Network for the services I have requested.

P.I. Signature

Date

Billing contact person: _____

Phone _____

- Please use the FRSQ and the RSCV to acknowledge this work in publications

FINAL BILLING STATEMENT

Date of the study completed _____

Total Charge _____

Number of animals which completed full requested protocol _____

Amount reduced for the RSCV contribution _____

Final Charge _____

Technician Initial _____